

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-541381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	✓					51						
2			✓				52						
3							53						
4			✓				54						
5							55						
6			✓				56						
7	✓						57						
8			✓				58						
9							59						
10			✓				60						
11							61						
12	✓						62						
13			✓				63						
14	✓						64						
15			✓				65						
16							66						
17			✓				67						
18	✓						68						
19			✓				69						
20							70						
21			✓				71						
22	✓						72						
23			✓				73						
24	✓						74						
25			✓				75						
26							76						
27							77						
28	✓						78						
29			✓				79						
30							80						
31			✓				81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8												
TOTAL DEP.	28												
TOTAL CLAIMS	30												